

## PART B - FEE(S) TRANSMITTAL

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	INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed who appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" (maintenance fee notifications.											
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L	APPLICATION NO. 09/535,733	93/27/2000		FIRST NAMED INVEN  Jeffrey Alan Milling				ATTO	ORNEY DOCKET NO. CONFIRMATION 60,314-110 4155			
٠,	TITLE OF INVENTION: SELECTIVE RENDE		ISSUE FEE DUE									
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	☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.				(1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.							
3.	3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.  (A) NAME OF ASSIGNEE  (B) RESIDENCE: (CITY and STATE OR COUNTRY)  MAGELLAN DIS, INC., ROCHESTER HILLS, MICHIGAN								curnent has i	been filed f		
Pl	ease check the appropri	ate assignee category or	categori	es (will not be p	inted on the patent):		Individual 🗖 Co	rporatio	n or other private gro	up entity 🛚	Governmen	
48	The following fee(s) a  A Issue Pee  Publication Fee (No. 1)  Advance Order - #	o small entity discount p		b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number [1] [2,5] (enclose an extra copy of this form).								
	a. Applicant claims	us (from status indicated SMALL ENTITY statu Publication Fee (if requ	s. See 3		☐ b. Applicant is no	long	er claiming SMAL	L ENTI	ITY status. See 37 CF	R 1.27(g)(2).		
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